

TRAINING BENEFITS PLAN MODIFICATION INFORMATION

If you are currently approved for Training Benefits, you may make a significant modification to your training plan **one** time, subject to approval, with the exception of unusual circumstances. A significant modification includes, but is not limited to, changes to any of the following conditions of your approved training program:

- Course of study or major;
- Educational institution;
- Projected start and/or end dates for the training; or
- Enrolled credit hours.

In order for your modification request to be approved, it must meet all the eligibility criteria under which your original plan was approved. In addition, you must:

- Be currently attending your previously approved training program full-time and making satisfactory progress; and
- Notify the Employment Security Department **prior** to making a significant modification to your training plan.

If you modify your training plan without prior approval and the modification is later disapproved, you will be ineligible for Training Benefits for at least 5 years. Benefits paid for a modified training plan that is not approved will result in an overpayment of benefits, which you will have to pay back.

IMPORTANT NOTE: If you are requesting to extend the end date of your training program and that request is approved, it does **NOT** necessarily entitle you to more benefits. Training Benefits are payable only while you are enrolled in an approved training program or until such benefits run out, *whichever comes first*.

State of Washington
EMPLOYMENT SECURITY DEPARTMENT

TRAINING BENEFITS

MODIFIED TRAINING PLAN FILING INSTRUCTIONS

The attached REQUEST TO MODIFY TRAINING PLAN contains four (4) sections. Read the following information carefully so that you understand what is required for your request to be accepted and processed:

1. CURRENT TRAINING PLAN INFORMATION:

The decision to approve your request to modify your approved training plan will be made, in part, on the information you provide about your current training plan. Therefore, it is important that you respond to all the questions in this section as completely and accurately as possible. If you are unsure about any of the information that is being requested in this section, contact your school advisor, employment counselor or your Unemployment Claims TeleCenter, as appropriate.

2. MODIFICATION REQUEST INFORMATION:

Your request to modify your approved training plan must meet the original criteria under which it was originally approved. Your response to the questions in this section will be closely examined to determine if your modified training plan meets all of the eligibility criteria for Training Benefits.

If your modified training plan involves changing schools and/or programs, the new school and/or program must be on the "Eligible Training Provider List" (ETPL) (<http://www.wtb.wa.gov/etpl/>) maintained by the Workforce Training and Education Coordinating Board. If the school and/or the program are not on the ETPL, the request to modify your training plan will be denied. If your modified training plan involves changing programs, the new program must be for an occupation or skill that is in high demand in your local labor market or in the labor market(s) to which you are willing to move, as determined by the Workforce Development Council (<http://www.wilma.org/wdclists>). If your new training program is not for an occupation or skill that is in high demand, your modification request will be denied.

If your request involves extending your training plan, you will need to show that you have sufficient financial resources needed to complete your training, especially if your unemployment benefits will run out before you finish training. Failure to develop a sound financial plan and to provide specific information about that plan will result in the denial of your modification request. You are not required to provide the dollar amounts of the financial resources available to you.

3. REQUESTED DOCUMENTATION:

Your request to modify your current approved training plan cannot be processed without the documentation requested in this section. If you need help obtaining any of the documents requested, contact your nearest WorkSource Office or school advisor, as appropriate. Failure to provide this documentation will result in the delay or denial of your modification request.

4. APPLICANT & SCHOOL CERTIFICATION:

Your request to modify your training plan cannot be processed unless it is signed and dated by yourself and an authorized representative of the training facility in which you are enrolled or intend to enroll. Failure to sign this form and to obtain the signature of an authorized school representative may result in the denial of your modification request.

TRAINING BENEFITS

Request to Modify Training Plan

COMPLETE THIS FORM ONLY IF YOU HAVE BEEN APPROVED FOR TRAINING BENEFITS AND ARE REQUESTING A CHANGE IN YOUR EXISTING APPROVED TRAINING PLAN.

You must answer all questions. Incomplete applications will be returned and may delay a decision on your request or result in a denial and overpayment of Training Benefits which you will have to pay back. If you have questions about completing this form, contact your WorkSource Office or Affiliate, or call the Training Benefits Adjudication Unit at 1-877-600-7701.

Name: _____

SSN: _____

Home/Message/Cell Phones: _____

E Mail: _____

SECTION A – CURRENT TRAINING PLAN INFORMATION

1. Please provide the following information regarding your **current approved** training program:

School: _____

Program: _____

Start Date: _____

End Date: _____

2. Have you completed the program and earned a certificate or degree?

Yes ☐ No ☐

If "Yes", date completed (Mo/Date/Yr): _____

Type of certificate or degree earned: _____

3. Are you still attending your previously approved full-time training program?

Yes ☐ No ☐

If "No", date last attended (Mo/Date/Yr): _____

Reason no longer attending: _____

4. Have you requested to modify your training program in the past?

Yes ☐ No ☐

If "Yes", why is it necessary to modify it again?

SECTION B – MODIFICATION REQUEST INFORMATION

1. I am requesting the following change(s) to my training program (complete all that apply):
- Change start date from (Mo/Date/Yr): _____ to (Mo/Date/Yr): _____
 - Change end date from (Mo/Date/Yr): _____ to (Mo/Date/Yr): _____
 - Change training program to: _____
 - Change training facility to: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____
 - Other: _____
 - Training will lead to (check all that apply):
 - ☐ Certificate ☐ 2-yr degree ☐ 2-yr transfer degree
 - ☐ 4-yr degree ☐ Higher degree ☐Other: _____
2. Does the school consider this training as full-time? Yes ☐ No ☐
3. Job(s) I will be qualified to perform upon completion of training include:
Job Title: _____ Pay Range: _____
Job Title: _____ Pay Range: _____
4. Explain ***in detail*** why this modification request is necessary. For example, the end date of training needs to be extended due to class cancellations.

5. If the modification request will extend your approved training program, what is your financial plan to meet living and school expenses if unemployment benefits run out before you complete training?
Please include specifics, e.g., grants, loans, savings, etc., without including dollar amounts associated with any of these financial resources.

- Will these financial resources be sufficient to complete training? Yes ☐ No ☐
6. Are you enrolled in training under the Trade Act program? Yes ☐ No ☐
If "Yes", please attach a copy of your approved Trade Act training plan (CT-3).

SECTION C - REQUESTED DOCUMENTATION

1. Attach the following documentation:
 - A copy of your school transcript(s);
 - A copy of your current class registration; and
 - A copy of your registration for the next school term.
2. If you are requesting to change programs and/or schools, you must also submit the following:
 - A screen print from the Workforce Training and Education Coordinating Board's web site (www.wtb.wa.gov/etp/) showing the new program and/or school are on the Eligible Training Provider list; and
 - A screen print of the Workforce Development Council's web site (www.wilma.org/wdclists/) showing that the new training program is for an occupation or skill which is in demand in your labor market or the labor market(s) to which you would be willing to move.

NOTE: Computers are available for your use at your local WorkSource Office or affiliate to obtain these screen prints.

SECTION D – TRAINING PROVIDER & APPLICANT CERTIFICATION

1. Training Provider Certification (MUST BE COMPLETED)

- a. I have reviewed the above modification request and certify the following is accurate to the best of my knowledge:

- Training is full-time? Yes ☐ No ☐
- Date applicant is enrolled or on a waiting list to start training (Mo/Date/Yr): _____
- Date applicant will complete modified training program (Mo/Date/Yr): _____
- This facility will be able to certify to the applicant's satisfactory progress in training every six weeks? Yes ☐ No ☐

If "No", please explain: _____

- b. Do you agree with the applicant's reason why the modification to his/her training plan is necessary, as stated in Section B? Yes ☐ No ☐

If "No", please explain: _____

Name of training provider representative (please print)

Title

Signature of training provider representative

Date

Phone Number

Email address (optional)

2. Applicant Certification

I have completed this request to modify my approved training plan and understand that any changes to my training program without the prior written approval by the Employment Security Department may result in a denial of unemployment benefits and/or an overpayment that I will be required to pay back.

I authorize the school/training facility and/or my counselor/advisor to release information to the Employment Security Department about my enrollment, participation in training, grades, attendance, and other measures of program progress.

Applicant Signature

Date

FILING INSTRUCTIONS

Retain a copy of this modification request for your personal records and mail the original to:

**Employment Security Department
Unemployment Claims TeleCenter
Attn: Training Benefits Adjudication Unit
P.O. Box 47076
Seattle, WA 98146-7076**

You can also return the completed request to your WorkSource Office or Affiliate. An authorized representative should sign and date the form in your presence in the space below to document receipt ONLY. A signature below does not signify the approval of your request to modify your training plan. You should retain a copy of this application for your personal records.

Authorized Representative Signature

Date Received

Title